

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/031850

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	INC.	DEF.
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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FOR REPLY TO PTO OFFICE